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**APPLICANTS**

Gnanaprakasam Pandian, Cupertino, CA;  
 Karthikeyan Ramachandran, Milpitas, CA;  
 Venkatesh Janakiraman, Sunnyvale, CA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 09/20/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3

**ADDRESS**

33031

**TITLE**

GROUP RESTART FOR SCALABLE SWITCHED ATM NETWORKS

FILING FEE RECEIVED 1310	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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